PART B - FEE(S) TRANSMITTAL

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PREV. PAID ISSUE FEE

sn

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Date August 29, 2011

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

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7590 Browdy and Neimark, PLLC 1625 K Street, N.W.

SMALL ENTITY

YES

5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Authorized Signature

interest as shown by the records of the United States Patent and Trademark Office /rlb/

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APPLN. TYPE

nonprovisional

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ISSUE FEE DUE

\$755

ART UNIT

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's nam (Signat

TOTAL FEE(S) DUE

\$1055

DATE DUE

08/29/2011

APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO 10/582 712 02/02/2007 Fron Filat EILAT3 7541 TITLE OF INVENTION: COMPOSITIONS FOR TREATMENT OF EAR DISORDERS AND METHODS OF USE THEREOF

PUBLICATION FEE DUE

\$300

CLASS-SUBCLASS

HAGHIGHATIAN, MINA 1616 514-945000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Browdy and Neimark, PLLC the names of up to 3 registered patent attorneys or agents OR, alternatively. ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is Number is required. listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) OTIC PHARMA LTD. ARIEL, ISRAEL Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form). Advance Order - # of Copies

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